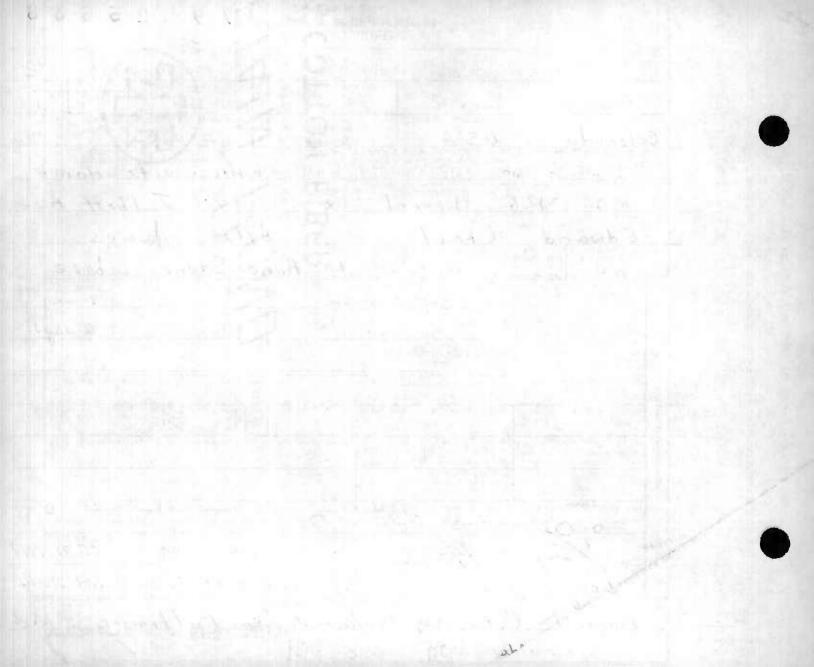
1	1	FOR STATE REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2 5	5 3 7/
(191)	1.	DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE		AST	20. DATE OF DEATH	AONIH DAY	YEAR 26 HOUR
ξη, 5 0 TO		ROBEI			ITZ		10 11 7	
or, po	3	SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS MIN.
rect urs		Male  I. BIRTHPLACE (STATE OR FOREIGN	White  7b CITIZEN OF WHAT COUNTRY?	sept	. 9, 1925	54	YRS	
death. Poureral di	17	Washington D.	U.S.A.	WIDOWE		9 BALTIMORE CITY OF HO	oward	MD.
offer d will	0	Dayton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 14180 Triade			(TYPE OF WORK FOR MOST OF Retail ME	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY Furniture
AND 212 AND 212 n 24 hour filled in hould be in	35	Maryland Ho	or other institution, give residence before INTY 136 CITY OR TOW Dayto	N	13d. Inside City Limits? Yes \to No \textbf{X}		iade1phi	ia Mill Rd.
MARYLA ed within ompletely and 2 sh	30	FATHER'S NAME FIRST  Robert	I. Apitz	Sr.	Bonnabe	11		Vard
IMORE,	1	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes WW	VE WAR OR DATES)		Martin M.			nisky Botto d. LaurelMD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the data physicion.  One of the servicion of the present of the organization of the servicion of the physicion of t			DUE TO, OR AS A CONSEQUE	NCE OF dial	iac failure		3.56	inst.
RDS, 201 squires the signed by Then plea			conditions contributing to the consideration of the contributions contributions to the contributions are considerated as the contributions are contributions are contributions.				DITION GIVEN IN P.	ART 1(o)
he law re on. hos beer t permit. I ene prior	9	Hyperter 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
SION OF VITAL R PHYSICIAN: The I ending physicion. This certificate has this certificate has ad Mental Hygiene d or them 18 shows	7. 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LE ETHER, NOTIFY MEDICAL EXAMINES OF DE LE ETHER CONTRIBUTION OF CONT	HOUR A.M. MONTH DA	YEAR	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY		
O O O E		220.1 certify that (I) XIXXI	XX ottended, the deceased from_		1/26 1976		1 19 79	, that (I) (v20 lost
OR ATTI he hospit DIRECTO oched foi i Dept. of		221/ JYGNATURE S	Who when the body ofter death.			MEDICAL STAF	F 2200	DATE SIGNED  .0/11/79
TO HOSPITAL retoined by the TO FUNERAL should be detained by the Store with the Store	1		Whitaker, M.D		Clarksvil	1	Road and, 210	29
BP		Burial, CREMATION, REMOVA  Burial			EMETERY OR CREMATORY  rk's Cemete	h management	nd, Howa	ardy Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	2	FLECK LAUREL	FUNERAL HOME,	INC	250. DATE OC	REC'D. BY REGISTRAR	156. RE ISTRAR'S 8	IGNATURE.

West sought in its burgery and S. Harriton H. D. Charles & Marks of Marks of the Company of the Comp AND LOUIS TO THE TOTAL OF THE COURT OF THE C 

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 7 9	25538
moy be poge 3	(TYPE	CEASED NAME AUdre	Bernice	Arneal	20 DATE OF DEATH MON	121/79 949 M
Poge 4 mu director, p hours after	3. SE	Female	Cav C	5. DATE OF BIRTH MONTH OAY YEAR  8 18 92	6 AGE (IN YEARS LAST BIRTHDA'	MONTHS DAYS HOURS MIN
death.	C	olorado	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	HOWAN	MD.
4 ±0 ±1	USU.	COLUMBIA AL RESIDENCE (IF NURSING HOME OF OT) STATE  13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFO	DUNTY GEN. HOS	HOUSE WI	FREINGLIFE INDUSTRY  FREINGLIFE HOME
miner must		THER'S NAME FIRST	G. TROOP	WN 13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA FIRST		albott Ave
xecuted will complete and complete dicoloracem		Edward  VAS DECEASED EVER IN U.S. ARME (res, NO OR UNKNOWN)   (IF YES, GIVE W	D FORCES? 166 SOCIAL SEC	E	-11a MIDDLE J	ames
icote be exect icote be exect hysicion and d sopers. Pages avol. int, the medica		18 CAUSE OF DEATH (Enter only	22 0 -46 one cause per line far (a), (b), a		e Stone	- a bave  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST. h certif ding p arbang or rem	>	PART I. DEATH WAS CAUSED IMMEDIATE	DUE TO, OR AS A CONSEQ			1 day
that the atent by the attence of cremotion, or other troum.		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	MO N'A		4 days
RDS, 201 equires the n signed b Then pleo	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20 IN	B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \text{VES} \) NO \( \text{DEATH} \)
SION OF VITA PHYSICIAN: The ending physicin this certificate the buriol-transit and Mental Hygie d or tem 18 sha		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
DIVISION ING PHYS After this on the but the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	2 TO PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
TEND or use of Heal		22a.1 certify that (I) (this haspital sow the deceosed alive on obove.(1) (we) (did) (did nativ	A 4 A	79, and that in my (our) opinion	, 10	nnd hour and from the causes stated
PITAL OR A by the hos by the hos e defoched Stote Dept.		22b. SIGNATURE	Sten	DEGREE  M.D. ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 0CT 21, 1979
TO HOSPITAL OR AT retained by the hosp To FUNERAL DIRECT Should be deteched with the Stote Dept. or IMPORTANT: If them 2		22d. PHYSKIAN'S NAME PYPE OR PI LONG S.	Hsu.	4922 Tenn		mbia, Md 21044,
0/02BP	(	BURIAL, CREMATION, REMOVAL SPECIFY  JURIAL J	Oct 23 1979	NAME OF CEMETERY OR CREMATORY	en Balt	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4) )		NAME DIRECTOR Donal	dsons Doress	Laurel M.	h re-a de la man de	



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

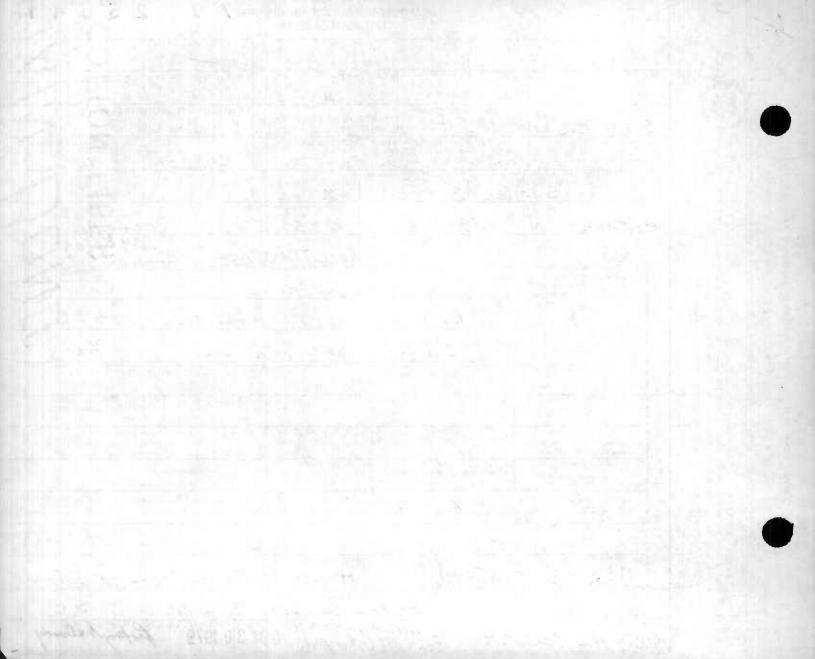
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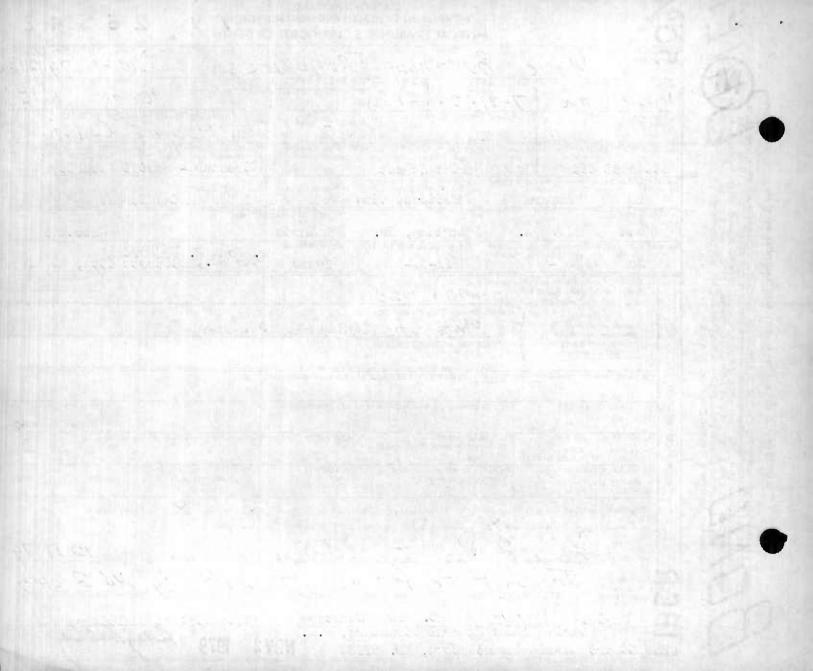
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2	STATE OF MARYLAND	
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	REGISTRAR REG. NO  1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HI	OLIB
÷ 3	(TYPE OR PRINT)	35
dec	= 21 man = 11 mm = 1 mm	#
	male Coursesian Month Day Year 78 Months Days Hour	DER 24 H
	AND BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8	
100	SUMTER WIDOWED DIVORCED HOWARD	
lled with	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOSK FOR	
	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEQUE ADMISSION)	d
anid b	S. Carolina. SUMTER SUMTER YES NO .	
2 sh	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
oud /	ARTHUR N. CUBBAGE BESSIE MIDDLE COCHRAIN	
edical	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 5,29 KERGER	R
Pog med	(YES, NO OR DINKNOWN) (IF YES, GIVE WAR OR DATES) 250-03-2294 ROBERT CHBBAGF ELLICOTT CITY	m
papers laval. ent, the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	TERVAL ND DEA
emay	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulaincty orrest ninute	
or re of re	410 - DUE TO, OR AMA CONSEQUENCE OF	
tion,	Conditions, if any, which ( 16) Hevre myocardial 1starction 178 hos	ur s
er fr	gave rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF	
or other	underlying couse last. ( COronary Artery disease Years	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a	
ior to bu	NO.	
P o o	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  196. AUTOPSY?  206. AUTOPSY?  206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO  210. ACCIDENT WAS UNDERLYING  216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) IN ITEM 18, PART 1 OR PART 2)	SED ATH?
shows	YES NO YES NO	
I 80	BOOKE TO STATE OF THE STATE OF	
Mentol or Hem	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
red or	OK CONTRIBUTING CAUSE OF DEATH  P.M. 19  21d. INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	STATE
is marked or	WHILE AT WORK ON AT WORK OF AT WO	
Health is mark	220.1 certify that (1) (this haspital) attended, the descensed from	/(we) [
21	sow the decessed give on 19 77, and that in (my) (our) opinion death occurred on the date and hour and from the couses above (0 (we) (did (did no) view the body ofter death.	stoted
Dept.	726. SIGNATURE DEGREE 220. DATE SIGNE	9
41	ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF	79
0.10	226 PHYSICIAN'S NAME (TYPE OFFRINT) 220 ADDRESS	
should be dewith the State	JEROME HANTMAN HOWARD COUNTY GENERAL HOSPITA	24
3 ₹	230 BURIAL CREMATION REMOVAL 1735 DATE 1731 NAME OF CEMETERY OR CREMATION 1734 LOCATION	
D-10-1	BETHEL BAR. CEM SUMTER COUNTY S.C.	STATE
M 1/76	24 FUNERAL DIRECTOR	4.
	HADRY H. WITZEE F. H. FILCOTTOT MI OCT 30 1979	HU.



		OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENEY	5 4 2
7.94		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	64
(4)		CEASED NAME FIRST Mari	e Burnham FREDERICK DE KNOWN DE MONTH OF ESTI- DEATH MATED [] 10:	31 1979 12:14
)	3. SEX	make Canc	5. DATE OF BIRTH MONTH DAY  7-21-28  6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTHS DAYS HOURS MIN PRONOUNCED DEAD  10. 3.	DAY YEAR 2d HOUR
35		RTHPLACE (STATE OR REIGN COUNTRY)  MD	18. MARRIED 1 NEVER MARRIED   9. BALTIMORE CITY OR COUN  USA   WIDOWED   DIVORCED   HOW 41 &	COUNTY MD.
00		llicott City	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  10209 Maxine Street  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Director - Social L	or industry ecurity
35	USUA 13e S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 130. STREET ADDRESS	et .
0		THER'S NAME John	Burnham, Sr. IS. MOTHER'S MAIDEN NAME FIRST MADDLE	Gettings
1	16a. V (Y	No -	war or Dates) 217-22-5998 10209 Maxine St., Ellicott	
		PART I DEATH WAS CAUSE	ly ane cause per line for (o), (b), and (c).) D BY: TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	DUE TO, OR AS A CONSEQUENCE OF	
AL, CREMATION, OR REMOVA	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
2	IFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NOON
23	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR.  DEATH P.M. 19	ART 2)
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET, FACTORY, FARM, ETC.)	DUNTY STATE
H H M			ge af the remains described abave, held an Autopsy , Inspection , Inquiry , and in my a ral causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  M.D. DATE SIGN	pinian ED 10,31.79
BALTIMORE, M.		EXAMINER'S NAME Tho	Mus F. Herbert, MDDDRESS PUICOHT CAY, M.	1 2/043
P)	1	Burial	236. DATE 236. NAME OF CEMETERY OR CREMATORY 1236. LOCATION CITY OR TOWN 236. 11/2/79 Mt. Olive Cemetery Randallstown Bala	inty state
M - 17 5 ME (5))		NAME	Byers Funeral Directors, P.A. 250 DATE REC'D. BY REGISTRAR FOR THAT'S Randalls town, MD. 21133 NOV 2 1979	IGN TURE



	1	STATE REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	2 3 3 4 3
moy be		ECEASED NAME FIRST FEOR PRINT) FELIX	KARROLL RACE 15.	GAYER DATE OF BIRTH	20. DATE OF DEATH MONTH  AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 14 - 19 11 11 11 11 11 11 11 11 11 11 11 11
Poge 4		SIRTHPLACE (STATE OR FOREIGN 76		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
ors offer dec	C	Columbia H	NAME OF HOSPITAL, NURSING H	GEN HOSP	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN RETIRED	126 KIND OF BUSINESS
hin 24 hoi ly tilled should be	730	JAL RESIDENCE (IF NURSING HOME OR OTI STATE 13b COUNTY H OWS	13c CITY OR TOWN	113d INSIDE CITY LIMITS?		oro K LANE
ed within 24 mpletely till ond 2 should		late Stanley MIDI	G yer	late Mary		LAS1
cate be execut ysician and co appers. Pages 1 val.		WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IFYES, GIVE WA	D FORCES? 166 SOCIAL SECURITY AR OR DATES) 213 05 8		er 9301 Milbro	ok RD 21043
quires that the death cert signed by the attending it her please remove corbon to buriol, cremation, ar rerijury, or other traumatic ex	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE  (b) CHF  DUE TO, OR AS A CONSEQUENCE  (c) S/D  NOTITIONS CONTRIBUTING TO DEA	AD By h	X  MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
NG PHYSICIAN: The law require rottending physicion.  Mer this certificote has been sign so the buriol-tronsit permit. Then th and Mental Hygiene prior to be orked ar Item 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: Trang physical certificate virial-transmental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
VG PHY ottendii fter this ss the bu h and M	MEDICAL	216 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A Ifor use of Heolism		220.1 certify that (1) (this haspital) sow the deceased alive on above, (1) (we) (did) (did not) v		, 19, and that in (my) (aur) opinion	to death occurred on the date and	
by the hore by the hore by the hore before e detoche. Stote Dep		22b. SIGNATURE	Suwangool	DE GREE  ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPIT TO FUNER should be with the Sit		SURAPOL SU	WANAGOOL, M.	D		
BP				e of cemetery or crematory restlawn		oward, Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	uneral director	112 Columbia Rd.	Ellicott Cty	CTC 1 85899798 256 RE	STYTES ProBudy

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## may be ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours ofter death. Page 4 etained by the haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 2 5

		STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	25544
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONI	H DAY YEAR 26 HOUR
	( I TPE	JANE	M. Go	SSAGE	October 3	21 1979 530pm
104	3 SE	X	RACE 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
31	10	F	WHITE	AFCH 7, 1934	45	YRS DAYS HOURS MIN
Sec.		IRTHPLACE (STATE OR FOREIGN 7	b CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
30		$ n\mathcal{V},$	11 8.4	OWED DIVORCED	Hon	IARD CO. MD.
00	No	ITY OR TOWN OF DEATH  IEST FRIEN 75 HIP		END SHIP AD.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	
135 135	130	MD. HEL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISTY  13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	FRIENDSHIP MD.
30	14. F/	HAROLD M	BREIDENSTEIL	IS MOTHER'S MAIDEN NAME FIRST	E. MIDDLE	BUSSARD
e medico		NAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SECURITY MAR OR DATES) 220 -30 -58	OE WM. F. GO:	SSAGE S	AME
ent, th	1	PART I. DEATH WAS CAUSED		2 of kidne		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic ev		1990 IMMEDIATE	CAUSE (U)			- gac
OE		Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	OF		SAV BLUDSON
other tra		gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF		
nlury, or	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)
ows ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
9		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	EAR 19	ED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
morked or	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 (5		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	10-18 19 79	and that in (my) (our) apinion o		/21 , 19 79 , that (I) (we) lost and hour and fram the causes stated
T. # #ea		22b. SIGNATURE	cellayen "	-	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED  10-23-79
MPORTANT:		Charles F. T	Taylor md	5999 Herpers	Fam Rd. C	elumbie M)
	7	BURIAL, CREMATION, REMOVAL	236. DATE 231. NAME 10 - 25-79 ST-0	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	HOWAD & STAND
7	24. FI	UNERAL DIRECTOR	SKAPTA 2829 A	LUDSON STOR	T & 9 19/9	REGISTRAR

DHMH - 16 50M 7/77 (VR A 15 (4))

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	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S CER	RTIFICATE OF		REG. NO.		4.01.4
	ECEASED NAM	Mario	n Ai	MIDDLE	170	GAN	20. DATE KNOF E		) · 1979	2b. HOUR
3 SE	EMALE	4. RACE S	JULY 20	4 AGE (IN YE LAST BIRTHD		DAYS HOURS	4 HRS. 2c. DATE MIN. PRONOUNCE DEAD	D 10-1	- 19 79	2d. HOUR 845 M
7 a. E	OREIGN COUNTRY)	TON. D. d.	L. CITIZEN OF WH	S.A.	8 MARRIED WIDOWED		3 1/2	roard (	orenty	MD
10. C	SIMPS	SONVILLE	(IF NOT IN SUCH FACE	PITAL, NURSING HOMI LILITY, GIVE STREET ADDRESS) VISTA ROA	D	NSTITUTION	FOR MOST OF CORNE	ION (TYPE OF WORK	0R INDUST	
13a.	AL RESIDENCE STATE IARYLANI	MONTGO	,	ROCKVILLE	13d. Y		13. STREET ADDRESS	ROLLINS A	VENUE	
	BERI	VARD	J.	COLLINS		MARY	MIDDL	McLA	UGHLIN	
	WAS DECEASE YES, NO. OR UNKN NO	ED EVER IN U.S. ARME OWN] (1F YES, GIVE W		579-60-5	The same of the		SON / B. HOGAN	5821 SPR1	AMELIA NGFIELD APPROXUMAT BETWEEN ONSE	VA.
	gave r	ons, if ony, which ise to immediate	DUE TO, OR	AS A CONSEQUENCE	Carcin	roma, C	solon			
z	lying co		(c)	AS A CONSEQUENCE		CONDITION GIVEN IN PART	1 (a).			
IFICATION	lying co	use last.	(c)		MINAL DISEASE OR		1 (α),		20. AUTOPSY	100
CALCERTIFICATION	lying co	F OPERATION  AL CAUSE WAS	(c)  19b. CONDIT	UT NOT RELATED TO THE TERM	RATION WAS	PERFORMED?	1 (a).	IN ITEM 18 PART 1 OR P/	YES 🗌	?
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The Brithplace State devote on   The Children   The Country   The Brithplace State devote on   The Children   The Country   The Brithplace State devote on   The Children   The Country   The Brithplace State devote on   The Children   The Country   The	second less	/	JAMES		KNEUSSEL		
COLUMBIA   III. NAME OF HOSPITAL, NUSING HOME OF OFFICE ADDRESS   III. NOT OF BE INTERESTED IN COLUMBIA   III. NAME OF HOSPITAL, NUSING HOME OF OTHER INSTITUTION   III. USUAL OCCUPATION   III. KIND OF BE INTERESTED IN COLUMBIA   III. NOT OFFICE ADDRESS   III. NOT OFFI			MALE	1 RACE	MONTH , DAY / YEAR		MONTHS DAYS HOURS
18 CHY OR TOWN OF DEATH   11. NAME OF PHOSPITAL, NURSING HOME OR OTHER INSTITUTION   178 LISTAL OCCUPATION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OR OTHER INSTITUTION   178 LIND OF B NOTHING HOME OF B N		79/1			MARRIED MEVER MARRIED	4. ***	
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The property of the property o	24 hour	J.	a STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	-
THE PART OF PA	d the	21	FATHER'S NAME		15. MOTHER'S MAIDEN N		LAST
18 CAUSE OF DEATH   Enter only one couse per line for rol,   b⟩, and   c⟩	and cor opes 1 o	7 16					
DUE TO, OR AS ACQUISED OF DUE TO, OR AS ACQU	noth certificate Tending physics er corbonogaper on or removal umotic event, th		4254 IMMED	DUE TO, OR AS A CONSEQU	IENCE OF	LURE	BETWEEN ONSET AND D
OR CONTRIBUTING CAUSE OF DEATH  ON COUNTY  AND HOLD A.M. MONTH DAY YEAR  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216 I LOCATION  STREET  CITY OR TOWN  COUNTY  AT WORK  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216 I LOCATION  STREET  CITY OR TOWN  COUNTY  COUNTY  220.1 certify tha (I) this hospital) attended the deceased from APPTOX  Sow the deceased clive an October 23 19 79 and that in (my) aur) apinion death accurred on the date and hour and from the cause of the county of the	ned plec		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	JENCE OF OSCI <mark>ETO DIE CONTOUR</mark> DEATH BUT NOT RELATED TO THE TER	vascular c	disease
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH	been s mit. The prior to ony inju	0	CHRONIC 190 DATE OF OPERATION			20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH    OF LOW A LAW. MONTH DAY YEAR   19   10   10   10   10   10   10   10	The Ician. The hossist per giene	7	NONE	CO. AN THIS OF INTHER	The Howelston Const		YES NO
OF SIGNATURE AT WORK A	P to I	Same I	OR COLUMNIA CALLER OF	DEATH HOUR A.M. MONTH	DAY YEAR		RY IN ITEM 18, PART 1 OR PART 2}
Sow the decease dive an Octoba 23 19 79, and that ir my our) apinion death accurred on the date and hour and from the case above (1) we) Gid (Idid not) view the body after death.  The sow the decease dive an Octoba 23 19 79, and that ir my our) apinion death accurred on the date and hour and from the case above (1) we) Gid (Idid not) view the body after death.  The sow the decease dive an Octoba 23 19 79, and that ir my our) apinion death accurred on the date and hour and from the case above (1) we) Gid (Idid not) view the body after death.  The sow the decease dive an Octoba 23 19 79, and that ir my our) apinion death accurred on the date and hour and from the case above (1) we) Gid (Idid not) view the body after death.  The solution of the decease dive and the case above (1) we) Gid (Idid not) view the body after death.  The solution of the decease dive and the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the date and the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case above (1) we) Gid (Idid not) view the body after death.  The solution of the case abov	o Post	1		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOV	VN COUNTY STA
ATTENDING MEDICAL STAFF  10/23	TENDIN or or ose of of Heolth						, 17
22d. PHYSICIAN'S NAME ITYPE OR PRINT)  WILLIAM D. PARNES  11085 Little PARKWAY  MISTORY  230 BURIAL CREMATION REMOVAL 1230 DATE  1230 NAME OF CREMETERY OR CREMATORY  1230 BURIAL CREMATION REMOVAL 1230 DATE  1230 NAME OF CREMETERY OR CREMATORY  1230 BURIAL CREMATION REMOVAL 1230 DATE  1230 NAME OF CREMETERY OR CREMATORY  1230 DATE  1230 DA	OR he he ho coche coche DiRI			6)		MEDICAL STAF	220. DATE SIGNED
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BP BURIAL TO -16 19 HANNGIN NATIONIAL TRUING TO 1250 DATE REC'D BY REGISTRATION OF THE PROPERTY OF THE PROPERT	BP		BURIAL	10-26-79 A	N. Lat I Alat	VAL TRA	INGTON, UA

TO THE RESIDENCE OF THE PARTY OF THE PARTY. The stand Mother Paris of the will Control Service Telephone Dates Shall a new or Such service - The Stark Total Control of Stark Control

	1-	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 5	47
1		CEASED NAME FIRST		MIDDLE		AST LOT T A N		DAY YEAR	26. HOUR
4/		Mai		rginia	-	HOLLAN	October 28,	IF UNDER 1 YEAR	9:00P M
	3. SE>		1 RACE		S. DATE C	DAY YEAR		MONTHS DAYS	HOURS MIN
		Female	Whit	-		1.7, 1918	61 <sub>YRS.</sub>		
10 mg		RTHPLACE (STATE OR FOREIGN Onio		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Howard Coun		MD.
The state of the s		TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF	BUSINESS OR
200	-	Mt. Airy		Long Con			Accountant	GOT	r't.
500	130 S	TATE TO CO	UNTY	13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
			roll	Mt.Airy		YES NO D	500 Park Ave.		
18/10	14 FA	THER'S NAME	MIDDLE	LAST		FIRST	WEDDLE	LAST	
1000		William	D.	Nord		Hazel	4000000	White	
dico 2		/AS DECEASED EVER IN U.S., ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	820 Long		
a B		No		293-03-8	236	John R. Man	hollan, Mt. Airy		
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per	r line for (9), (b), on	d (c).)		1. 1	BETWEENO	NATE INTERVAL
even			ATE CAUSE (a)	adlaw	care	above of	blest	27	mo
or r		1149	DUE TO, C	R AS A CONSEQUE	NCE OF	1		1000	
fion,		Conditions, if any, which	(b)_					1 71/15	
other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF			. Vente	
jury, or o	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION GIV	EN IN PART 100	(I
on shows on yin	CERTIFICATION	19a. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		S, WERE FINDIN	
ced or Item 18 sha	CER	210. ACCIDENT WAS UNDERLYING			VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF	DEAIN	.M. MONTH D.	AY YEAR				
10	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OF TOWN	COUNTY	07.75
200	W	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	PINEEL	CITY OR TOWN	COUNTY	STATE
Č .	40	22a. I certify that (I) (this ha	spital) attended th	ne deceosed from		1977	10 26 01	19 79	hot (I) (we) lost
Ĕ			17.0		79 .	that in (my) (our) apinion	death accurred on the date and hou		, , , , ,
is m		saw the deceased olive		19_1				ond train the	auses stoted
em 21 is me		obave, (1) (wer (did) (did		eter death.	V		death decorred on the date and her		
T; If Hem 21 is mo		saw the deceased olive obave, (1) (wertchd) (did 926. SIGNATURE		editer death.	m;	DEGREE ATTENDING _	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE S 10/29	SIGNED
TANT: If Item 21 is mo		obave, (1) (wer (did) (did	F S	ell—	m;	DEGREE ATTENDING _	MEDICAL STAFF	22c. DATE S	SIGNED
APORTANT:		Donald E	not) view bod	M.D.	m;	ATTENDING PHYSICIAN [ 220 ADDRESS  18111 Prince	MEDICAL STAFF DIRECTOR PHYSICIAN D  Phillip Dr., O1	10/29	/79
APORTANT: 1	23a. E	obave, (1) (wertdid) (did 926. SIGNATURE  22d. PHYSICIAN'S NAME (TYP	e OR PRINT)  Dillon  AL 23b. DATE	M.D.		ATTENDING PHYSICIAN [  220 ADDRESS  18111 Prince  EMETERY OF CREMATORY	Phillip Dr., On	10/29 ney, Md	SIGNED  /79  STATE
ш	(:	Donald E  URIAL, CREMATION, REMOV	e OR PRINT)  Dillon  AL 23b. DATE	M.D.		ATTENDING PHYSICIAN DE PHYSICIA	MEDICAL STAFF DIRECTOR PHYSICIAN D  Phillip Dr., O1	10/29 ney, Md	/79  state  Md.

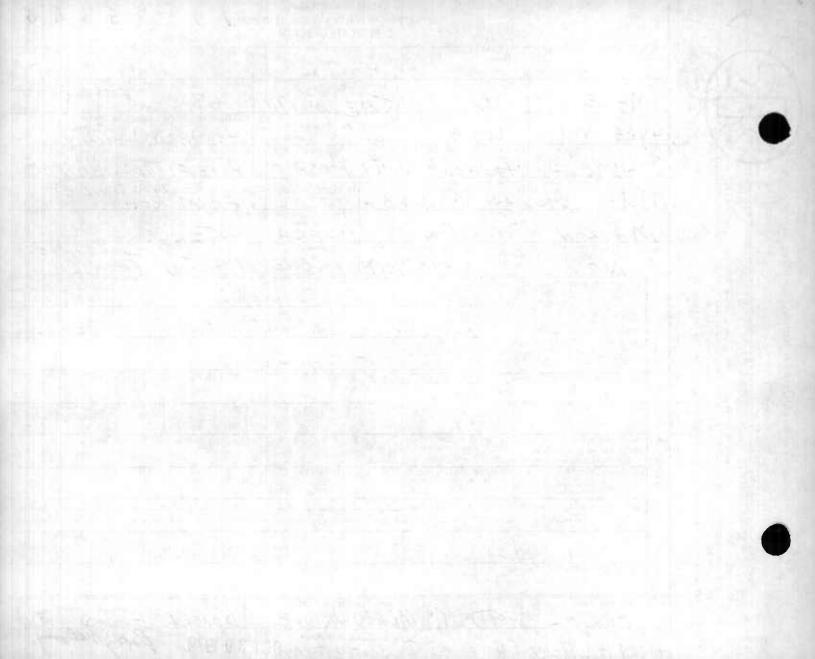
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* *	1	FOR - STATE	DEPARTMENT OF I	E OF MAKTLAND HEALTH AND MENTAL HYG	GIENE 7 9 2	25548
		REGISTRAR CEASED NAME FIRST		FICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
9 / A	(TYP	Howard Howard	M	lartin	10	24 29 6137 Pm
E 4	3. SE	MAIE	MONT		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Page	7a. B	IRTHPLACE (STATE OR FOREIGN 76 C	CITIZEN OF WHAT COUNTRY? B	DE NEVER MARRIED	9 BALTIMORE CITY OR COL	RS. INTY OF DEATH
ter death.  The funeral within 72 ied blanc	14	YDE, Md.	USA WIDOW	ED DIVORCED	HOWARD	COUNTY MD.
ま キャ キン	10.0	OLUMBIA 1-	NAME OF HOSPITAL, NURSING HOME ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSY TOWN ACO OUNTY	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of ysician and completely filled in by apers. Pages I and 2 should be filled val. it, the medicolegamine (must be no		AL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	130 STREET ADDRESS 240	O SUNSET
MARYLA mapletely and 2 sh	14. F.	ATHER'S NAME FIRST MIDDL	EM O at LAST	15. MOTHER'S MAIDEN NA		LAST
ecuted vecuted by complete land	160.	WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS	140054NSET
ALTIMORE te be execute be execute ician and coers. Pages all.		YES, NO OR UNKNOWN) (IF YES, GIVE WAR	213096194	IRENE	MARTIN	FARM, Rd.
		18 CAUSE OF DEATH Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	Carol arlan	nary arres	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
orth cer carba e carba an, ar re			DUE TO, OR AS A CONSEQUENCE OF	ardial in	Paretin	3//
the deat the atter remave c emation er traum		Conditions, if any, which gave rise to immediate couse to, stating the	DUE TO, OR AS A CONSEQUENCE OF	cardial in	1400//	76 90VVS
201 W se that bed by please ornal, cr., ar oth		underlying couse lost.	10 Cerenety 6		956	
RDS, 7	NO O	Renal Insu	OFFICIED CY	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  ORD PHYSICIAN: The law requires that the death certificate this serificate has been signed by the attending phase to the buriol-stransit permit. Then please remove corbang thand Mental Hygiene prior to buriol, cremation, or remonded or Item 18 shows any injury, or other traumatic every and the straumatic every content or the strain	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \bigcup  \text{NO} \( \bigcup \)
d OF VIT All SICIAN: The graphsicio certificate frial-transit ental Hygie ental Hygie ltem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
SION OF PHYSICIAL ending physicial-trins certificate burial-trind Mental of dar Item 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f. LOCATION		
DIVISION PP or attent the as the alth and marked of	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TENDI oital ar TOR: A or use of Heal		220. I certify that (1) this hospital) of saw the deceased alive an did (did not) vie	ottended the deceased from 10/2	14	death accurred on the date and	hour and from the causes stated
0 0 0 0 5		77h SIGNATURE	w the body after death	DEGREE		224 DATE SIGNED
PITAL by 1th ERAL e define State		22d. PHYSIG AN'S NAME (TYPE OR PRIN	nlan m	ATTENDING PHYSICIAN 2	MEDICAL STAFF  DIRECTOR PHYSICIAN	1 /24/79
TO HOSPITAL etained by 1 TO FUNERAL should be dewinh the Store with the Store						
BP	23a.	SPECIFY)	16. DATE 231. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRESS4112-C	SLUMBIA 25a DAT	E REC'D. BY REGISTRAR 256 RE	ON JARS STREET
(VR A 15 (4) )	HA	RRY H. WITZKE F	- 11	Treity MODE	r 3 0 1979 /	177



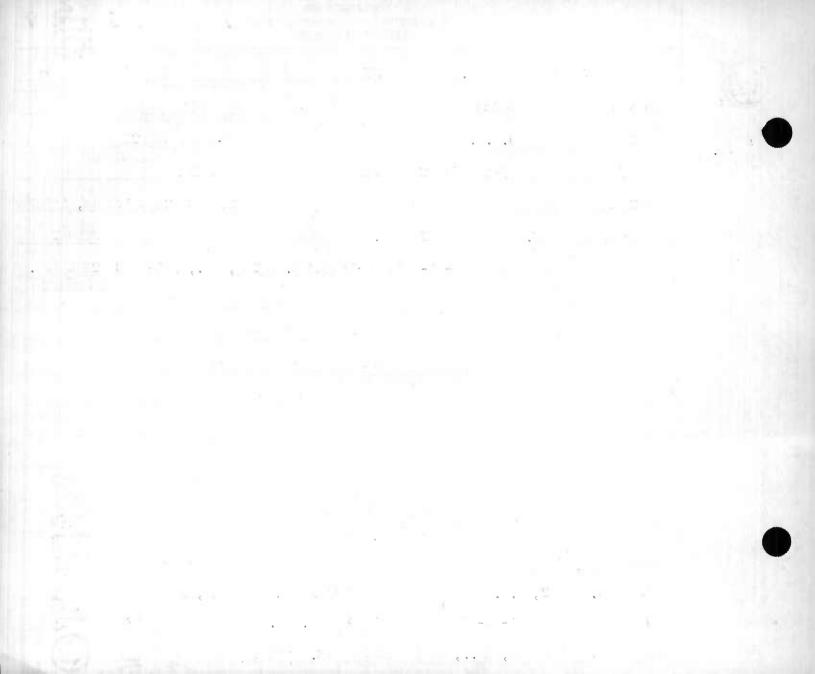
HUBBARD FUNERAL HOME, INC., 4107 WILKENS AVE.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

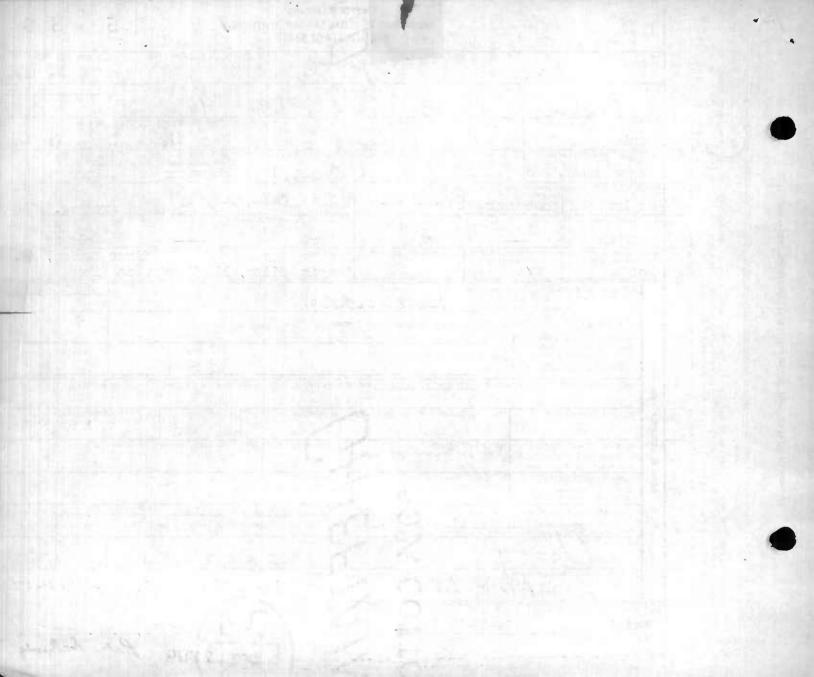
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DIVISION OF VITAL RECORDS,

DHMH-16 20M (VRA 15, 4) 7/78



10.	1-	FOR STATE REGISTRAR				R MENT OF H	EALTH AND MENTA ICATE OF DEATI	AL HYGIENE	7 9 REG. N	2	5 5	5	0
nay be page 3	(TYPE		Vore		MIDDLE	P	lelle		(	10.11	1 79	12:1	SPM
4 mc	3. SE)	Female RTHPLACE ISTATE OR FOI	e	RACE	ite WHAT COUNT	5. DATE O MONTH		29	(IN YEARS LAST BIRT	YRS.	IF UNDER I YEAR	HOURS	24 HRS MIN
- $(M)/2$	Rus	OUNTRY) SSIA TY OR TOWN OF DEA		U	S	WIDOWE	DIVORCE	ED []	SUAL OCCUPATI	ware	COU 12b KIND O	nty	MD.
201 nurs often ited in		Columbia AL RESIDENCE (IF NURSIF		(IF NOT BY SUC	HEACHITY, GIVE ST	REET ADDRESS)	Genera	(TYPE C	memaker				
LAND 2	Mar	TATE	Montgo	176	13c. CITY OR T	Spring	13d INSIDE CITY LIM YES NO [ 15, MOTHER'S MAID	35	REET ADDRESS	Hampsh	ire Av	re. #:	210
MARY 1 11 160	1	Reuben	MIC -	DOLE	Lev		Dora		MIDDLE		Cole	man	
TIMORE, be executed on the control of the control o	NC		N U.S. ARME (IF YES, GIVE W N/A	ED FORCES?	16b. SOCIALS	ECURITY NO.	Morris Mi	ller, l					
ron ST., BAL' sith certificate rading physics carbonpepi r, ar remandl matic even th		18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE		line for 101, 1b1	toaci	dosis,				BETWEEN	ONSET AND	DEATH
dec de		Canditions, if any, gave rise to imm	ediate -	DUE TO, OI	R AS A CONSE	OUENCE OF	Es:			5.1		-1	
duries that the signed by the hen please rem to burial, cremcinjury, or other triniury, o		underlying couse  PART 2 OTHER SIGN	lost.	(c)_	R AS A CONSE		NOT BELATED TO TH	JE TEDAMINAL D	ISEASE OR CON	DITION CIVE	EN INLDADT 1		
ECORDS, 3  Dev requires  been signe  mit. Then prior to bur	CERTIFICATION	190. DATE OF OPERAT					N WAS PERFORMED		AUTOPSY?	20b. IF YES,	, WERE FINDI	NGS USE	D
TALRECO The low recion. Sign permit.	RTIFIC				F 1-11-15-V		In	YES	-	YES	ING CAUSES	NO [	_
IVISION OF VITAL RI G PHYSICIAN: The is oftending physicion. ter this certificate has sthe burial-transit per nand Mental Hygiene rised or them 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH	P	M, MONTH M.	DAY YEAR	21c. HOW INJURY (	OCCURRED (EN	ITER NATURE OF INJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)		
DIVISION DING PHY After this se as the bu	MED	21d. INJURY OCCURRI	ILE 🗀	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFF		211 LOCATION STREET		CITY OR TOV	AN	COUNTY	SI	TATE
P C S S S S S S S S S S S S S S S S S S		220 1 certify that (1) ( saw the decease above, (1) (wor) (di	d alive on_	10.	11 1	9 <u>79</u> .on	d that in (my) (aur) c	) 9, to apinian death a	ccurred on the de	ate and hour	and from the		
by the hos by the hos ERAL DIREC e detoched Stote Dept.		22b. SIGNATUR	80	D			DEGREE ATTEND PHYSIC	DING MED	ICAL STAI	FF CIAN []	120. DATE	· //·	79
TO HOSPITAL OR AT retained by the hasp TO FUNERAL DIRECT should be detached it with the State Dept. or IMPORTANT: If them 2		22d. PHYSICIAN'S NA	HA	NIF	MD.		5808	Main S	treet,	Elkri	dgeh	d 212	27
1700	1 (1	urial, cremation, f pecify) Urial	REMOVAL	236. DATE 10-15-		Mt. Leba	EMETERY OR CREMA		LOCATION CITY OF TOWN		COUNTY G. M		ATE
DHMH-16 60M 1/73		INERAL DIRECTOR			ADDRESS			250. DATE REC'D	BY REGISTRAR		PAR'S SIGNA	aryla	
(VR A 15 (4))	DAI	VZANSKY-GOI	DBERG	MFM. (	HAP.	Pockvil	le. Md.	DET	171979	Pro-			7_



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1	FOR - STATE REGISTRAR				RTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH		G. NO.	2 5 5	5/2
3	CEASED NAME OR PRINT)	FIRST		MIDDLE	-L	AST	2a DATE OF DEA	H MONTH	DAY YEAR	26 HOUR
IVI.	Phy	yllis	0	rant	Pe	oole	Oct.	4,	1979	1
139	ex.		4 RACE	40 K L	5. DATE C	DE BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAY	
	female		white		June		52	YR:		nours Min.
	SIRTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTE	RY? 8	NEVER MARRIED	9. BALTIMORE CI	TY OR COUN	ITY OF DEATH	
2	Virginia		U.S.A.		WIDOWE		Howard	County		M
1	CITY OR TOWN OF DEA lenelg	TH .	(IF NOT IN SUC	HOSPITAL, NUR The Facility, Give STI Tridely	REET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCU (TYPE OF WORK FOR M housewi	OST OF WORKING		
13a.	JAL RESIDENCE (IF NURS STATE aryland	ING HOME OR 13b. COUN Howai	OTHER INSTITUTION		EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 3	13e. STREET ADDR 14120 T	ESS		
114. F	Salias	A	AIDDLE	Sweet		15 MOTHER'S MAIDEN NO FIRST Mattie	MIDE	Mic	ddlebrod	
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE	WED FORCES? WAR OR DATES)	166 SOCIAL SI	ECURITY NO.	Charles E.Po			elphia F ryland 2	
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	DUE TO, OI	R AS A CONSE	atic of	lisease of	S	ystem		months months
NOI	PART 2. OTHER SIGN	NIFICANT C	101			NOT RELATED TO THE TER/				
CERTIFICATION	19a. DATE OF OPERA	TIÓN	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NO	INCER	YES, WERE FIND RTIFYING CAUSE YES []	NO NO
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF C	AUSE OF DEA	P.,	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 OR PART 2)	
MEDI	WHILE NOT WE AT WORK	HILE	21e PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	21f. LOCATION STREET	СПУС	DR TOWN	COUNTY	STATE
	22a I certify that (I) sow the decease above, (I) (we) (c		view the body	ofter death.	,, 01	nd that in (my) (our) opinion		he dote and I		, that (I) (we) for the couses stated TE SIGNED
	20	ww	Amo	Um D	D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN	Oct	. 5, 19
	Irwin			.D.			65 Littl	e Pat	uxent 44	Pkwy.
23a.	BURIAL, CREMATION, (SPECIFY)	REMOVAL	236. DATE 10/6/7			emetery or crematory awn Mem. Garde	23d. LOCATION		COUNTY	state Marvlat

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

74 FUNERALDIRECTOR SLACK Funeral Home, Ellicott City, Maryland 21043

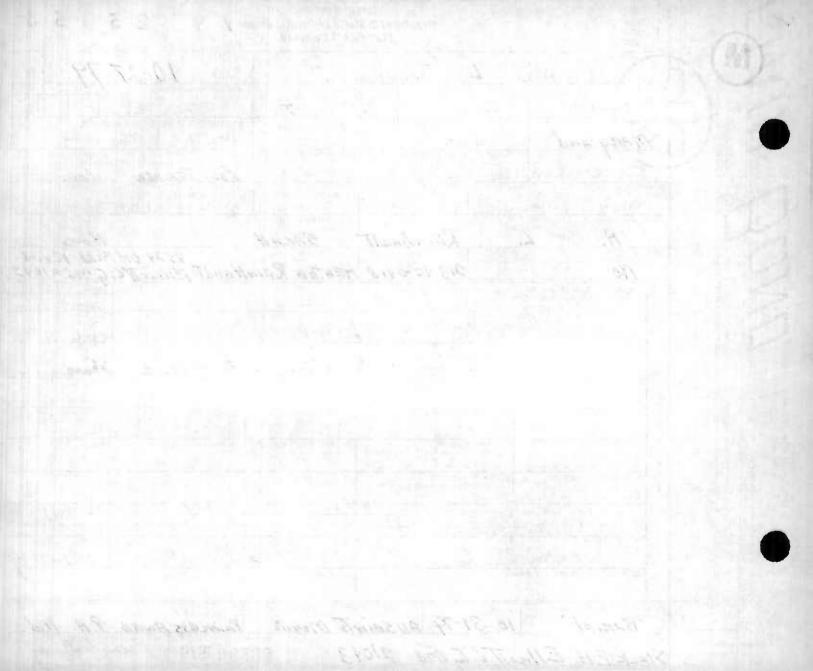
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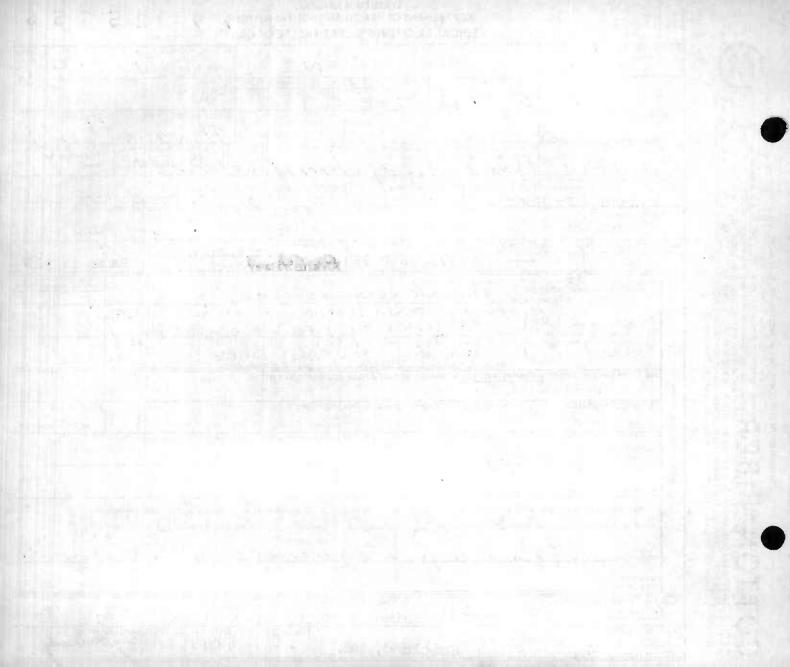
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~	1	FOR - STATE	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / 9	2 5 5 5 5
BAR \		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
IAN .		ECEASED NAME FIRST	WIDDLE	14 / 1AST	20. DATE OF DEATH MONTH	28 29 /2:23 P
~	3. S	EX EdW1	N L   1/e.	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNIVER 1 YEAR IF UNDER 24 HRS
x of the		MALE	Gayc.	MONTH DAY YEAR S 09	70	MONTHS DAYS HOURS MIN.
though of the control	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COU	
11 3	0	MARYLAND	USA	WIDOWED DIVORCED	HOWARD	COUNTY MD.
y the fed with	21 10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	4
in by the be filled be notif	US	JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	COUNTY GEN	Voc. IEAcht.	v Voc.
filled ould b	130	STATE 13b COU	NTY 13t. CITY OR TO	NN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	o Fredericu R
2 sh	14	ATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	DIRCARRIORN
ond	30	A.	2. REINI	PARAT SAKAH	WIDDLE	Hous
Pages 1	160	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRES SY	old Fried Road.
	1	No	213-10-	0918 HEATHA REI	WHANAT Ellica	TEGMENTOUS
physicia npapers maval.		IN CAUSE OF DEATH Enter of	oly one couse per line for in 1, jb 1, o	nd icii		METWEEN ONDE! AND DEATH
20 0 0			TE CAUSE (6) Carolin	polony amost		Menules
e carb in, ar r		4147	DUE TO OR AS A CONSEQU	ENCEDE D. +D. P		Ω
e affi		Conditions, if ony, which gove rise to immediate	(b) mges	me rease facilies	~	Clore
by that see really created atheres	3	couse (a), stating the underlying couse lost	DUE TO ORAS A CONSEQU	arter drom a	referralt-1	Years.
o o o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING/TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
Then par tabu						
has be permit ane pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. II IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	<b>4 8</b>	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW IN JURY OCCUP	YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES NO
a FTO E		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	CRED (ENTER NATURE OF INJURY IN THE	(18, PART 1 OR PART 2)
vis cer burio I Ment ar Iter	MEDICAL	JIF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	21e PLACE OF INJURY	19 2H LOCATION		
After the os the oith and marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	-	220.1 certify tho this hosp	oital) attended the deceased from	10/24 19 79		
CTOR: for us of He		saw the deceased alive or above (U we) stick (did no	ot) view the body ofter death.	77 , and that in (lay) (our) apinion	death accurred on the date and	hour and from the causes stated
ne hospital ar DIRECTOR: Afrached for use a Dept. of Health		22b. SIGNATURE	214	DEGREE		224. DATE SIGNED
E . U		Herm	Horling,		MEDICAL STAFF DIRECTOR PHYSICIAN	10/27/79
etained by the TO FUNERAL should be detained with the State MPORTANT:	1	22d. PHYSIT LYN'S NAME (TYPE	OR PRINT	22e ADDRESS		///
TO FUN should b with the IMPORT.	730	BURIAL, CREMATION, REMOVAL	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	2.30	SPECIENT SURIBL		11 Soints Monis	PRINCIESS AN	COUNTY P. STATE
AH - 16 50M 1/76	24	FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25b. RE	CHATRAR'S SIGNATURE
RA 15 (4) )	5	LACK F.H. Ell	icott lity And	21043	CT 3 0 1979   P	cirtary Mabrardy 1



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) George 0 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) R LINDER TYEAR IF UNDER 24 HRS MONTH HOURS White 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED - U.S.A. Toronto, Canada Howard County. DIVORCED [ 12h. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE Writer Publishing NURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131. CITY OR TOWN CO. 13a STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Ellicott 9701 Hillsmere Road Howard Md 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Unknown Ruall 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 9701 Hills Mere Rd.-Ellicott (YES, NO OR UNKNOWN) 265-01-6037George F.T. Ryall, Jr.; City, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21043. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: 2 weeks heumone IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF weeks congestive Heart Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse 10 years lost terioscleratic RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 Abdominal Hneurysm Emphysema, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20h. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTA 18 sho 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE . (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.). NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on 6 above, (1) (we) (did7) and not visit the bad after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deto 22e ADDRESS 22d. PHYSICIAN'S NAME PAPE OR PRINT) should be with the S SHIONA Ten Mills Rd, Columbia. Md 21044 23a. BURIAL, CREMAHON, REMOVAL 236 NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park-Howard Cty, Burial Md. 24 FUNERAL DIRECTOR Sterling Juneral Estateopress DHMH-16 50M 7/77 (VR A 15 (4)) 736 Edmondson Ave.

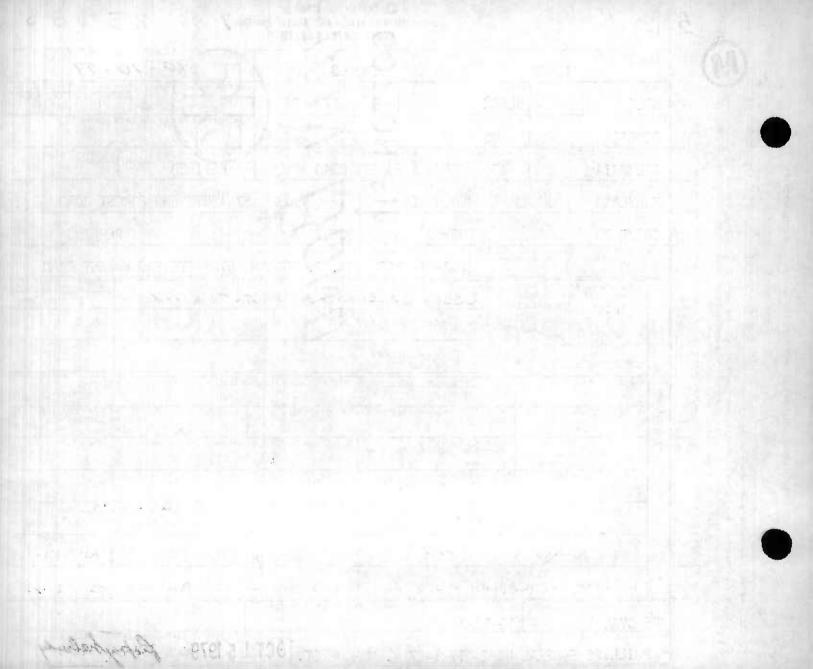
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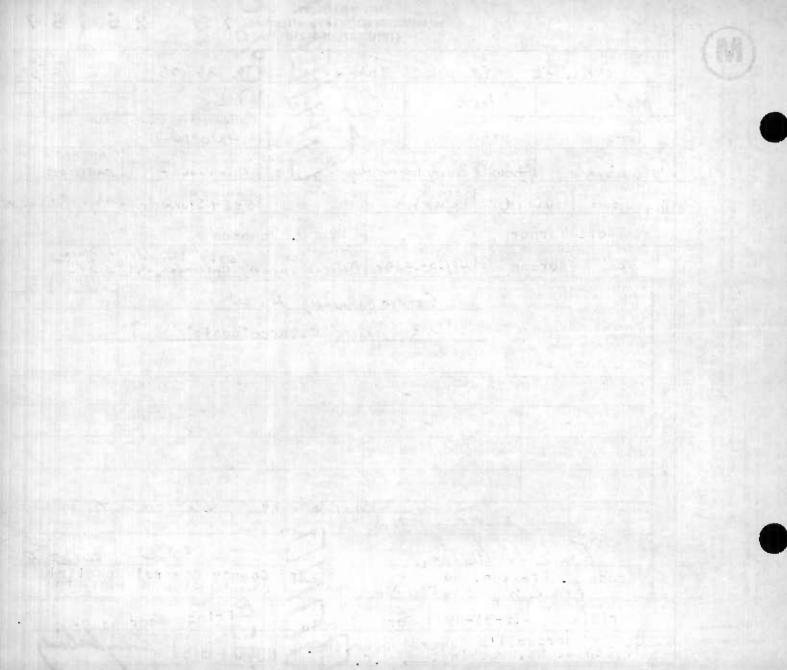
1	FOR STATE			DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL I		2	5 5 5	5
-	REGISTRAR	E FIRST	WEI	MEGLE EXAMI	NER'S C	CERTIFICATE C		REG. NO.		
	DECEASED NAM	MAR	,	A.	THO	DRNE	20. DATE KI OF DEATH A	ESTI-	22.79	2b 12 7 ·
1.5	F	A RACE	DATE OF BIRTH	VEAR LAST BRID	DATI MONTO	IDER 1 YR. IF UNDER	MPS PRONOUNCE DEAD	ED MONTH	DA7 9/40	2d. H
2	BIRTHPLACE IS POREIGN COUNTRY)	the second	76 CITIZEN OF WH	AT COUNTRY?	MARR	ED NEVER MARR	ED LI	RE CITY OR COU	NTY OF GEATH	1
1 0	olum	gton DC	Howard	PITAL NURSING HOP	AE, OR OTH		178 USUAL OCCUPA	nemaker	OR INDUS	USINES
M M	ary kan	d Pr G	eorge	IN: CITY OR TOWN	/		The state of the s	Forest	Edge I	Road
		arles		ernhärdt		15 MOTHER'S MAID! Mary	A.	lice	Ward	
160	WAS DECEASE (YES NO. OF UNKNO	D EVER IN U.S. ARM		579 66		MAtheria	anddaugh	ter	ame as	#13
	18 CAUSE C PART I DE	F DEATH (Enter anly ATH WAS CAUSED	ane cause per line BY: CAUSE (a)	far (a), (b), and (c).) RONIC R	ENA	LINSUFF	IC IENICO		BETWEEN ON	TE INTERV
	gave ri cause (a	ns, if any, which se to immediate stating the under-	(b)DUE TO, OR	AS A CONSEQUENCE	OF PR	OBABLE /	UE PHROT	algolour etten	Bollie Briss	
7		GNIFICANT CONOITIONS C	DATRIBUTING TO DEATH I	A #	Car Sin .	E DR CONDITION GIVEN IN PA	34410	anterior H	unblock	
ATIO	19a. DATE OF	Digita		I City	RATION W	AS PERFORMED?			20. AUTOPS	/2
TEIC		-				4			YES 🗆	NO,
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	NG CAUSE OF D	EATH 7.34P.M.	MONTH DAY YE	AR 9		ED LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR I	PART 2)	
MED	WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	ı c	OUNTY	STA
730		fy that I taak charge	of the remains described at the remains descri	ribed abave, held an Accident ,	Autap	Homicide .	Undetermined man		10.	1 - 7
9-	EXAMINER'S (TYPE OR PRI	NAME NT)		1		ADDRESS	MEDICAL EXAMIN	NER SIGN	NEU .	
	Buria		ct 25,1	979Washi	EMETERY O	RCREMATORY Nationa	23d LOCATION CITY OR TOWN		PG	STATE Md
	Funeral direct	E. Wilh	elm ADDRESS	Suitlan		25e. DATE	REC'D. BY REGISTRAR CT 2 6 19/9	256. REGISTRAR'S		



SIDNEY  SIDNEY  SIDNEY  TOOMBS  SERVING OF REPTH ACCE STATE OR REPTH ACCE STATE OR PROBLEM  MALE  BLACK  SOLITION OF STATE OR PROBLEM  MALE  SOLITION OF STATE OR PROBLEM  TO BETHPHACE STATE OR PORTION  BETHPHACE STATE OR PORTION  SOLITION OF COUNTY OF DEATH  US  WOOM OF DEATH  US  WOOM OF DEATH  IN NAME OF HOSPITAL, NURSHOR HOME OR OTHER RISTITUTION  TO COLUMBTA  TO COLUMBTA  TO COLUMBTA  TO COLUMBTA  TO COLUMBTA  STATE AND  HOWARD  LIST COLUMBTA  TO COLUM	2	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	2 5	3	2 (
MALE  MALE  BLACK  Soft 19 0 04 75  VBS  CHIZEN OF WHAT COUNTRY?  MARRIED WHOWEN DIVORCED  DIVORCED  DIVORCED  IS CHIZEN OF WHAT COUNTRY?  MARRIED WHOWN DIVORCED  DIVORCED  IN SATIMOR CITY OR COUNTY OF DEATH  HOWARD  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TO COLUMBIA  DISTRESSIBNICE (IP WILEING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE AUGUSTON)  MARYLAND  HOWARD  COLUMBIA  MODIT  TO MBS  COLUMBIA  MODIT  MARYLAND  HOWARD  TO MBS  COLUMBIA  MODIT  TO MBS  COLUMBIA  MODIT  MODIT			OR PRINTY			WIDDLE						2b HOUR
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MARYLAND   HOWARD   COLUMBIA   138 INSIDE CITY LIMITS   5764 STEVENS FOREST ROAD   16 FATHER'S NAME   15 MOTHER'S MADE NAME   15 MOTHER'S MADE NAME   15 MOTHER'S MADE NAME   15 MOTHER'S MADE NAME   16 MODIE	00			DEATH								BUSINES
CRAWFORD  TOOMBS**  CELIA***  CELIA**  PERKINS*    186. WAS DECEASED EVERINUS, ARMED FORCES?   188. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   182-07-4845   DR. S. MORGAN 5764 STEVENS FOREST   R.   ADDRESS   DR. S. MORGAN 5764 STEVENS FOREST   R.   ADDRESS   DR. S. MORGAN 5764 STEVENS FOREST   DR. S. MORGAN 5764	35	13a	STATE	HOWAF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	5764 STEVE	NS FORES	T ROA	AD.
18 CAUSE OF DEATH   Enter only one couse per line for 101   150 ond 102	30		FIRST	٨	WIDDLE	TOOMB\$		FIRST	WIDDLE		RKIÑ	3
PART 1: DEATH WAS CAUSED BY.    MMEDIATE CAUSE 10]	1					and the second second					EST F	ROAD
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  22a. I certify that (I) (this hospital) attended the deceased from  Deceased olive on Debut Time Indicated the body discrete.  DEGREE  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  22a. ADDRESS  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  22a. BURIAL, CREMATION, REMOVAL  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL  23d. BURIAL, CREMATION, REMOVAL  23d. DATE  23d. NAME OF CEMETERY OR CREMATORY  REMOVAL  23d. LOCATION CITY OR TOWN  COUNTY		NOIL	PART 2 OTHER S	tGNIFICANT C	(c) CONDITIONS <u>C</u>	ONTRIBUTING TO [	DEATH BUT					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  214. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  NOT WHILE AT WORK  220. I certify that (I) (this hospital) attended the deceased from JULY, 19 37, to OCTOM, 19 47, the low the deceased olive on Down well did record view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY  220. BURIAL, CREMATION, REMOVAL  230. BURIAL, CREMATION, REMOVAL  230. BURIAL, CREMATION, REMOVAL  231. CREMATION, REMOVAL  232. NAME OF CEMETERY OR CREMATORY  REMOVAL  234. NAME OF CEMETERY OR CREMATORY  COUNTY  COUNTY  COUNTY  COUNTY  236. COUNTY	2	TIFICA	19a DATE OF OPE	RATION	196 CONE	DITION FOR WHICH	OPERATIO	n was performed		IN CERTIFYING		
270. I certify that (I) (this hospital) attended the deceased from 19 19 19 10 00000000000000000000000000	9		OR CONTRIBUTING (	CAUSE OF DEA	TH HOUR A	.M. MONTH DA			RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	R PART 2)	
DEGREE  THE PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS  CLUMPUS S. LAPLON ND  226. ADDRESS  227. DATE SI  PHYSICIAN SINAME (TYPE OR PRINT)  228. ADDRESS  227. DATE SI  PHYSICIAN SINAME (TYPE OR PRINT)  228. ADDRESS  227. S. GREENE ST. BRITIMARE ND  238. BURIAL, CREMATION, REMOVAL  238. DATE  238. NAME OF CEMETERY OR CREMATORY  (SPECERY)  REMOVAL  238. DATE  238. NAME OF CEMETERY OR CREMATORY  (SPECERY)  COUNTY		WED	WHILE NO	T WHILE	(AT HOME, ST	TREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	vn cc	YTAUC	STAT
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REMOVAL 10-10-79	1	23a.	RICKAN BURIAL CREMATIC	0 5. 1	LAPLAN		NAME OF C	220 ADDRESS 22 S. GREEN	Je 57. BA	CIMONE	mb	2120
PHILLIPS FUNERAL HOME 1721-27 N MONROE ST OCT 1 5 1979		R	EMOVAL UNERAL DIRECTOR		10-10				E REC'D. BY REGISTRAR		SIONAL	RE .

STATE OF MARYLAND

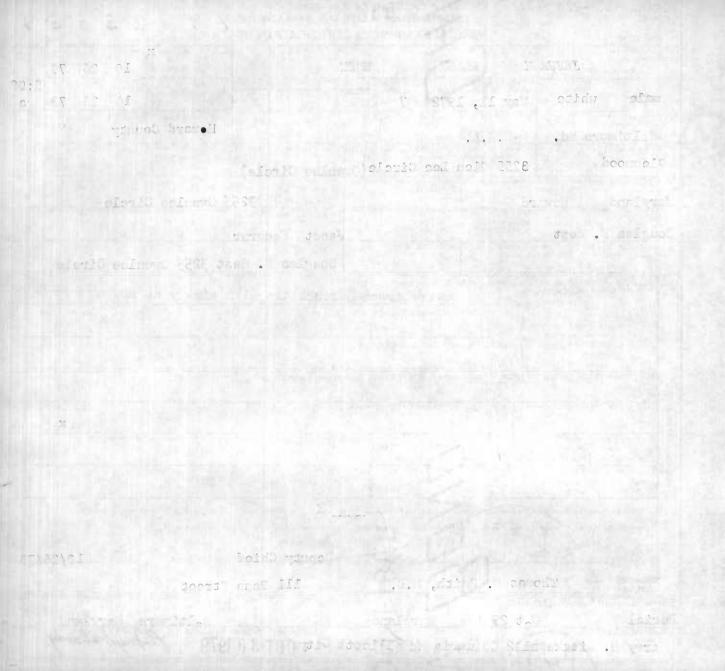




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3 1	11-	STATE REGISTRAR				ERTIFICATE OF D	EATH	2 5	5 5 8	
waana	1. DE	EASED NAME PIRST BEC.	the A	MIDDLE GNES 1	NE	ARE	20. DATE KNOWN OF ESTI- DEATH MATED	HTMOM D	DAY YEAR 26 HOL	UR
PEAS PEAS TANDE N STREET	3. SEX	make Caye.	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHD		DER 1 YR. IF UNDER 24 H	RS. 2c. DATE	MONTH 10.17	DAY YEAR 28, HO 2 1979 4	× 100 ×
01992	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	A she	8. MARRI	ED NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
LAY E. PAGE PAGE 301	10 CI	aryland Y ORMOWN OF DEATH olumbia	CIE NOT IN SUCH FAC	pital, nursing homi		ER INSTITUTION 120	USUAL OCCUPATION FOR MOST OF WORKING LIFE) Lerk (ret	(TYPE OF WORK	12b KIND OF BUSINESS OR INDUSTRY F.B.I.	MD.
21201 IF ANY DELA 2, AND 3 TO 3, RETAIN P. 3, RECORD BE 1, RECORD SE	USU A 13a. S	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE		ION)		SIREET ADDRESS 080 Cradle			5
H. H. 3. 3. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	14. F.A	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N			LAST	=
RAN GES	16a. V	William  /AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (18 YES, GIVE V		Fisher		Isabelle 17. INFORMANT	Mario	RESS	Dodge	-
RS ALTI GIVI PAGI IVISH	,,,,	no		577-20-9	1865	Joyce Deal	e Hunting	town,	Maryland  APPROXIMATE INTERVAL	=
1 W. PRESTON ST., IED WITHIN 24 HOL PENCIL IN ITEM 18 XAMINER ALONG V AL-TRANSIT PERMIT. AR REMOVAL.		PART I DEATH WAS CAUSED	DUE TO, OR	AS A CONSEQUENCE	OF	Carapo Vus	ulan dise	V5<	BETWEEN ONSET AND DEA	(TH
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	DATRIBUTING TO DEATH B	UT NOT RELATED TO THE TERJ	AINAL OISEASI	OR CONDITION GIVEN IN PART 1 (	1).			
F VITAL REC	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?		3	20. AUTOPSY?  YES NO	
N OF V N OF V I THE W DULD B TIMENI TO BUR		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M.	MONTH DAY YEA	R	OW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART I OR PAR	RT 2)	
DIVISIO  BY THIS CERTIF  E. WRITING 1  RWARDED 17  F PAGE 3 SH  STATE DEPAGE	MEDICAL	WHILE NOT WHILE AT WORK	STREET, FACTO	OF INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	COL	UNITY STAT	TE .
AMINER: RTIFICATE BE FOR RECTOR: TITH THE		22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE	e of the remains desc ol causes $ abla, $		Autop vicideM	Homicide . U	Inquiry , , ndetermined manner [	and in my ap  DATE SIGNE	10/2.79	
TO MEDICAL EX EXECUTE THE CEI PAGE 4 SHOULD FO FUNERAL DII AFTER DEATH, W BALTIMORE, MAR		EXAMINER'S NAME THO	mas F.	Herbert	MD	ADDRESS EMOCE		ud.7	1043	
BP	23g. B	Burial Burial	10/15/7°				Suitland		George Md.	•
DHMH : 17 (VR A15 ME (5)) 15M 7/76	Le Le	e Funeral Hon	Bell kess	ton, Mary	land	250. DATE REC	T 2 2 19/9		y Machine	

ALCARDO TANGONIO SARSY ARS LICENSES I De la company ter by all a troop of the last of the country of the

1. D	REGISTRAR ECEASED NAME	FIRST	MIDI	AL EXAMINER	R'S CERTIFICATE (		REG. NO		DAY YEAR
	PE OR PRINT)	JEFFRI	EY ALLE	IN V	WEST	OF	ESTI-	-	26 10 79
3 SI		white	5 DATE OF BIRTH MONTH DAY May 11, 19	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DA	UNCED	10	26 19 75
	BIRTHPLACE (STATE OREIGN COUNTRY)  Baltimo:		U.S.A.	COUNTRY? 8.	MARRIED NEVER MARI	He He	ward Co		
-	Glenwood	DEATH	II. NAME OF HOSPITA	CINE STREET ADDRESS!	Gwenlee Circ	12a. USUAL OCC		OF WORK	OR INDUS
13a.	JAL RESIDENCE (# STATE aryland	113b. COUNT Howa	R OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION)  CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADD		ircle	
7 ~	Ouglas F	West	MIDDLE	LAST	Janet Fed	lerer	MIDDLE		LAST
a 16a.	WAS DECEASED E	VER IN U.S. ARM		b. SOCIAL SECURITY N			address 255 Gwe		Circle
		if ony, which	DUE TO, OR AS A	CONSEQUENCE OF	heobronchitis	with al	rway na.	11001	Ag .
NO	gave rise couse (o) st lying couse PART 2 OTHER SIGN	if ony, which to immediate oting the <u>under-</u> lost.	DUE TO, OR AS A  (b)  DUE TO, OR AS A	A CONSEQUENCE OF	heobronchitis		rway na.	II OWA	
LIFICATION	gave rise couse (o) st lying couse PART 2 OTHER SIGN	if ony, which to immediate oling the <u>under-lost</u> .	(b) DUE TO, OR AS A DUE TO, OR AS A (c) CONTRIBUTING TO DEATH BUT NO	A CONSEQUENCE OF  A CONSEQUENCE OF  OT RELATED TO THE TERMINAL			rway na.	T T OW I	20 AUTOPS
CALCERTIFICATION	gave rise couse (o) st lying couse PART 7 OTHER SIGN 19a. DATE OF C	if ony, which to immediate oting the under- lost.  IFICANT CONDITIONS CONDITI	ONTRIBUTING TO DEATH BUT NO  21b. TIME OF INJU HOUR A.M. MC P.M.	A CONSEQUENCE OF  A CONSEQUENCE OF  OT RELATED TO THE TERMINAL  FOR WHICH OPERATI  URY ONTH DAY YEAR  19	OISEASE OR CONDITION GIVEN IN P ION WAS PERFORMED? 21¢ HOW INJURY OCCURR	ART T o			20 AUTOPS YES 🔀
MEDICAL CERTIFICATION	gave rise couse (o) st lying couse PART 7 OTHER SIGN 19a. DATE OF C	if ony, which to immediate to immediate of the under-lost.  IFICANT CONDITIONS OF THE CONDITIONS OF THE UNITED THE CONDITIONS OF THE UNITED THE CONDITIONS OF THE CONDITIONS O	ONTRIBUTING TO DEATH BUT NO  [19b. CONDITION  [21b. TIME OF INJI HOUR A.M. MC	A CONSEQUENCE OF  A CONSEQUENCE OF  OT RELATED TO THE TERMINAL  FOR WHICH OPERATI  URY  URY  DNTH DAY YEAR  19  UURY (AT HOME,	OISEASE OR CONDITION GIVEN IN P	ART T o	ENJURY IN ITEM 18 P		20 AUTOPS YES X
	PART 2 OTHER SIGN  19a. DATE OF O  21a EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	If ony, which to immediate to immediate to immediate to immediate to immediate the immediate to immediate the immediate to immediate the immed	ONTRIBUTING TO DEATH BUT NO  (c)  19b. CONDITION  21b. TIME OF INJU- HOUR A.M. MC P.M.  21e PLACE OF IN STREET, FACTORY, F	A CONSEQUENCE OF  A CONSEQUENCE OF  OT RELATED TO THE TERMINAL  I FOR WHICH OPERATI  URY ONTH DAY YEAR  19  JURY (ATHOME, FARM, ETC.)  I dobove, held an deny , Suigid	OISEASE OR CONDITION GIVEN IN P  ON WAS PERFORMED?  21c HOW INJURY OCCURR  21f. LOCATION  STREET  Autopsy  Anspectic	ART T o  ED (ENTER NATURE OF  CITY OR  Undetermined	TOWN  Ty, and,	PART I OR PAR	20 AUTOPS YES X
	gave rise couse (a) st lying couse (b) st lying couse  PART 7 OTHER SIGN  19a. DATE OF CO  21a EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK  27a. I certify death resulted	if ony, which to immediate to immediate of the underlost.  IFICANT CONDITIONS OF THE CAUSE WAS OR CAUSE OF DE CAUSE OF DE COURRED NOT WHILE AT WORK  That I took church from:	ONTRIBUTING TO DEATH BUT NO  21b. TIME OF INJI HOUR A.M. MC P.M. 21c PLACE OF IN STREET, FACTORY, F	A CONSEQUENCE OF  A CONSEQUENCE OF  OT RELATED TO THE TERMINAL  I FOR WHICH OPERATI  URY ONTH DAY YEAR  19  JURY (ATHOME, FARM, ETC.)  I dobove, held an deny , Suigid	OISEASE OR CONDITION GIVEN IN P  ON WAS PERFORMED?  21c HOW INJURY OCCURR  21f. LOCATION	ART T o  ED (ENTER NATURE OF  CITY OR  Undetermined	TOWN  ry . on monner .,  AMINER	COU d in my opi	20 AUTOPS YES X



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-PLEASE RECTOR. P FILES. HOURS STREET, DEATH MATED David Wilson 2419 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 52 YRS PRONOUNCED 4:40P 5 14 27 Male Black DEAD 79 2419 Th CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA S.C. WIDOWED DIVORCED Howard County. FILED, W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 301 OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Ellicott City Waterloo Rd n. of Old MontgomervRd SHOULD BE P USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 925 N. Carey St. Maryland YES X NO [ JES 1, JRM PM 3 JES 1 AND 2 VISION OF V VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME DAVID MIDDLE MIDDLE LAST WILSON SUE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) WITH FC. I (IF YES, GIVE WAR OR DATES) 250-36-1924 925 N. Carey St. CHARLES WILSON No DIV 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, I DN, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). MEDIC OF HEALTH CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES TY NO 🗌 9E 3 SHOULD BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO CAUSE OF DEATH HOUR AND YOUTH DAY YEAR PRIOR/TO MEDICAL 0 4:70P.M. 70 pedestrian struck by auto 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION FORWARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) ETITE out City, Toward Co, MD Old Montgomery Rd. STATE C Waterloo Rd street TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYTAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection Inquiry ond in my opinion deoth resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10/25/79 SIGNATURE **EXAMINER'S NAME** Hormez R. Guard. M.D. Penn St. (TYPE OR PRINT) Balto. MD ....ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23t, NAME OF CEMETERY OR CREMATORY COUNTY BURIAL LYNCHBURG 10 - 29 - 79S.C. CHURCH CEMETERY 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 **DHMH-17** (VR A15 ME (5)) 1101 E. North Ave. C. March F/H 30M 7/73

